Child Assessment Service Registration Form

To be filled in by CAC staff only:
CAC No: _____
Registration Date: _____
DOC Date: _____

I. Information on Child：

Name in Chinese: Surname _____ Given Names _____

Name in English: Surname _____ Given Names _____

Sex: ☐ Male ☐ Female Date of Birth: (Gregorian) Day - Month - Year

Place of Birth: ☐ Hong Kong ☐ Mainland China ☐ Others (Please specify) _____

☐ HK Identity Card ☐ Birth Certificate Number: Alphabet Numeral (Check Digit)

☐ Other Identity Document Type: _____

Other Identity Document Number: _____

Country of Origin: _____

Language to be used in Assessment: ☐ Cantonese ☐ Putonghua ☐ English ☐ Others _____

Ethnicity: ☐ Chinese ☐ Indonesian ☐ Filipino ☐ Indian ☐ Pakistan
☐ Caucasian ☐ Japanese ☐ Thai ☐ Others (Please specify) _____

Child's Status:

☐ Hong Kong Permanent Resident
☐ Hong Kong Resident
☐ Holds a Permit for Proceeding to Hong Kong and Macao, commonly known as One-way Permit
☐ Holds an Exit-entry Permit for Travelling to and from Hong Kong and Macau, commonly known as Two-way Permit
☐ Holds a Tourist Visa
☐ Holds a Student Visa
☐ Holds a Dependent Visa
☐ Others: (Please specify) _____

Has the above-named child and / or any of his / her sibling(s) ever been registered at this or another Child Assessment Centre?

☐ Yes (Please specify (1)_____[Child's name] _____[Centre] ☐ No

(2)_____[Child's name] _____[Centre]

(3)_____[Child's name] _____[Centre]

Is the above-named child eligible for Civil Service or Hospital Authority medical benefit? ☐ Yes ☐ No

Is the above-named child a recipient of Comprehensive Social Security Assistance? ☐ Yes ☐ No

II. Contact Information：

Home Address: Flat _____ Floor _____ Block / Tower _____

Name of Building _____ Estate _____

Street Number _____ Street Name _____ District _____

Local Residential Tel.		Local Fax Number	
Father's Mobile Tel.		Father's Office Tel.	
Mother's Mobile Tel.		Mother's Office Tel.	
Guardian's Mobile Tel.		Guardian's Office Tel.	

☐ Please tick " ✓ " in the appropriate box

III. Particulars of Father：

Name in Chinese: Surname _____ Given Name _____

Name in English: Surname _____ Given Name _____

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐
(Gregorian) Day Month Year

Identity / Other Document Type with Number: _____

Father's Status:

☐ Hong Kong Permanent Resident
☐ Hong Kong Resident
☐ Holds a One-way Permit
☐ Holds an Exit-entry Permit
☐ Holds a Tourist Visa
☐ Holds a Working Visa
☐ Holds a Dependent Visa
☐ Others: (Please specify) _____

Occupation: _____

Education Attainment:

☐ No Schooling
☐ Matriculation (S6-S7) / HKDSE / Project Yi Jin
☐ Pre-primary (Kindergarten / Child Care Centre)
☐ Post-secondary (Non-degree)
☐ Primary (P1-P6)
☐ Post-secondary (Degree)
☐ Lower Secondary (S1-S3)
☐ Others: _____
☐ Upper Secondary (S4-S5)

IV. Particulars of Mother：

Name in Chinese: Surname _____ Given Name _____

Name in English: Surname _____ Given Name _____

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐
(Gregorian) Day Month Year

Identity/ Other Document Type with Number: _____

Mother's Status:

☐ Hong Kong Permanent Resident
☐ Hong Kong Resident
☐ Holds a One-way Permit
☐ Holds an Exit-entry Permit
☐ Holds a Tourist Visa
☐ Holds a Working Visa
☐ Holds a Dependent Visa
☐ Others: (Please specify) _____

Occupation: _____

Education Level:

☐ No Schooling
☐ Matriculation (S6-S7) / HKDSE / Project Yi Jin
☐ Pre-primary (Kindergarten / Child Care Centre)
☐ Post-secondary (Non-degree)
☐ Primary (P1-P6)
☐ Post-secondary (Degree)
☐ Lower Secondary (S1-S3)
☐ Others: _____
☐ Upper Secondary (S4-S5)

☐ Please tick " ✓ " in the appropriate box

V. Information on Guardian (if both parents are not the legal guardian of the child)：

Name in Chinese: Surname _____ Given Name _____

Name in English: Surname _____ Given Name _____

Relationship with the child: _____

Working institution: _____

Local Contact Tel.: | | | | | | | | | Contact Person: _____

VI. Short Message Service (SMS) Notification：

☐ I **agree** to receive SMS notification through **HK mobile tel. no.** of the following person

(Select ONE): ☐ Mother ☐ Father ☐ Others _____

HK Mobile Tel. no.: _____

SMS Language (Select ONE): ☐ Chinese ☐ English

***Remarks**: The Department of Health does not guarantee that the SMS can be successfully received.*

☐ I **do not agree** to receive SMS reminder for appointments.

☐ Please tick " ✓ " in the appropriate box

Signature： _____

Signatory Name： _____ Date : _____

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Note

Please **call** the Child Assessment Centre (CAC) that serves your residential district during office hours beforehand in order to make an appointment for registration and first appointment for nurse interview, and bring along the following documents on the day of appointment:

1. Referral Letter from registered doctor or psychologist (Original) (must be within 6 months from date of issue)
2. Child's identity document (Original) (such as Hong Kong Birth Certificate, Hong Kong Identity Card, Passport, Document of Identity for Visa Purposes, Hong Kong Re-entry Permit, etc.)
3. Identity cards of both parents (photocopies are accepted)
4. Proof of residential address where belongs to the serving areas of designated Child Assessment Centre (CAC) (photocopy is accepted)
5. One recent photo of the child
6. Medical Records (e.g. Child Health Record from Maternal and Child Health Centre, discharge summary, appointment slip, medical report or assessment report, etc.) (photocopies are accepted)
7. For preschooler and schooler, please bring along the examination results / assessment reports, student handbook, homework, examination papers or Chinese & English dictation books (photocopies are accepted)
8. Duly completed registration form (this form)

✧ If parents cannot attend the first appointment as scheduled, please contact CAC as soon as possible for re-arrangement.

Statement of Purposes

Purpose of Collection

The personal data provided by patients and service users with whom the Department of Health (DH) interacts in the delivery of services and other related activities will be used by DH for the following purposes:

(a) Proof of eligibility;
(b) Providing services including but not limited to clinical service, appointment arrangement and notification, and client relation matters
(c) Documentation of test results / examination / investigation / treatment for a continuation of care or reference by other medical professionals;
(d) Consent for treatments / tests;
(e) Epidemiological surveillance;
(f) Tracing defaulters for follow up / treatment;
(g) Record of enrolment / attendance / management;
(h) Assessment for social assistance;
(i) Preparing statistics, carrying out research or teaching purpose;
(j) For services / manpower development and planning;
(k) Record of visits / enquiries / complaints by outsiders;
(l) Tracking of payment and audit purpose; and
(m) Facilitating organisation of health education and community liaison activities.

✧ The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to verify your eligibility for specific service / activities and hence service / assistance may not be provided to you or you may be charged at the non-eligible person (usually higher) rate for such service / assistance.

Classes of Transferees

The personal data you provide are mainly for internal use within DH, but they may also be disclosed to other Government bureaux/departments, the Hospital Authority or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

You have the right of request access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you on the occasions as mentioned above. A fee may be imposed for complying with a data access request.

Enquiries

Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

Consultant Paediatrician
Child Assessment Service
2/F, 147L Argyle Street
Kowloon City
Kowloon

Telephone: 2246 6659
Website: www.dhcas.gov.hk

Centre Information for reference (https://www.dhcas.gov.hk/en/center_info.html)

Name of Child Assessment Centre (CAC)	**Telephone Number**	**Address**	**Districts Served**
Siu Sai Wan Child Assessment Centre	3865 7300	7/F and 8/F, Siu Sai Wan Health Integrated Building, 11 Harmony Road, Siu Sai Wan, Hong Kong	Hong Kong Island and the Islands (except Tung Chung)
Central Kowloon Child Assessment Centre	2246 6633	2/F, 147L Argyle Street, Kowloon City, Kowloon	Kowloon City, Yau Tsim Mong and Sham Shui Po (Shek Kip Mei, Un Chau, So Uk, Lei Cheng Uk, Pak Tin, Lung Ping, Nam Shan, Tai Hang Tung, Tai Hang Sai, Beacon Heights, Dynasty Heights, Chak On, Yau Yat Tsuen, Po Lai)
Pamela Youde Child Assessment Centre (Kwun Tong)	2727 8474	3/F, 79 Cha Kwo Ling Road, Kwun Tong, Kowloon	Kwun Tong and Sai Kung
Ngau Tau Kok Child Assessment Centre	2921 1028	1/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon	Hong Kong Island and Ngau Tau Kok (Kowloon Bay, Ping Shek, Richland Gardens, Choi Tak, Choi Ying, Choi Fook, Choi Ha, Amoy Gardens, Telford Gardens, Ngau Tau Kok, Lok Wah, Kai Yip, Tak Bo)
Fanling Child Assessment Centre	2639 1402	4/F, Fanling Health Centre, 2 Pik Fung Road, Fanling, N.T.	Tai Po, North District and Yuen Long
Ha Kwai Chung Child Assessment Centre	2370 1887	2/F, Ha Kwai Chung Polyclinic & Special Education Services Centres, 77 Lai Cho Road, Kwai Chung, N.T.	Kwai Tsing, Tung Chung, Tsuen Wan and Sham Shui Po (Nam Cheong, Fortune Estate, Lai Kok, Lai On, Yee Kok, Fu Cheong, Hoi Lai, Lai Chi Kok, Cheung Sha Wan Estate, Wing Cheong, Mei Foo)
Pamela Youde Child Assessment Centre (Sha Tin)	2210 1600	2/F, 31-33 Chap Wai Kon Street, Sha Tin, N.T.	Sha Tin and Wong Tai Sin
Tuen Mun Child Assessment Centre	2468 5261	G/F, Special Block, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, N.T.	Tuen Mun and Tin Shui Wai